



CONTRACTOR MONTHLY REPORT

Purpose: The contractor uses this form to record information about Preparation for Adult Living (PAL) life skills assessment and life skills training services.

Directions: The contractor must fill in the information on this form and mail or email the completed form to the DFPS PAL staff on or before the fifteenth calendar day of the month after the month of service. Contractor performance results must also be reported to the DFPS PAL staff along with this form. If the contractor has questions, the contractor asks the DFPS PAL staff.

CONTRACTOR INFORMATION

Agency Name:	Month of Service:
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LIFE SKILLS ASSESSMENT

Number of Youth Who Completed Life Skills Assessment:

Number of Caregivers Who Completed Life Skills Assessment:

Youth Name:	Youth's Completion Date:	Caregiver Name:	Caregiver's Completion Date:



CLASS INFORMATION (CLASS 1)

Date:	Location:	Core Element:
Instructor:	Did foster alumni or youth volunteers assist with teaching this class? <input type="checkbox"/> Yes, foster alumni <input type="checkbox"/> Yes, youth volunteers <input type="checkbox"/> Yes, both <input type="checkbox"/> No	Were snacks or meals provided? (If yes, specify. For example: lunch and snack.)
Number of Youth Who Attended This Class:		
Youth Names (If a youth took the class as a make-up, note "make-up" beside name.):		



CLASS INFORMATION (CLASS 2, IF APPLICABLE)

Date:	Location:	Core Element:
Instructor:	Did foster alumni or youth volunteers assist with teaching this class? <input type="checkbox"/> Yes, foster alumni <input type="checkbox"/> Yes, youth volunteers <input type="checkbox"/> Yes, both <input type="checkbox"/> No	Were snacks or meals provided? (If yes, specify. For example: lunch and snack.)
Number of Youth Who Attended This Class:		
Youth Names (If a youth took the class as a make-up, note "make-up" beside name.):		



INDEPENDENT STUDY GUIDE

Number of Youth Who Received Study Guides:

Youth Name:

Date Sent (if sent by mail or electronically) or Date
Received (if given in person):

LIFE SKILLS TRAINING COMPLETIONS

Number of Youth Who Completed Life Skills Training:

Youth Name:

Date of Completion:



PAL LIFE SKILLS TRAINING KNOWLEDGE ASSESSMENT

Number of Youth Who Completed Knowledge Assessment (End-of-Course Test):

Youth Name:	Date of Completion:

INCENTIVES

Number of Youth Who Received an Incentive:

Youth Name:	Incentive:	Description (What did the youth receive this incentive for?):	Date Received:
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Allowance (\$5.00) <input type="checkbox"/> Other (specify):		



PAL VALUE ADDED SERVICES

Service:	Date Provided:	Estimated Value:

COMMUNITY REPRESENTATIVES

Number of Community Representatives Who Participated:

Name of Community Representative:	Organization:	Core Element:	Date of Participation:

PERSON COMPLETING FORM

Name of Training Facilitator:	Date Mailed or Emailed to DFPS PAL Staff: